

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10647-330</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1	1						51					
2	1						52					
3	1						53					
4	3						54					
5	0						55					
6	0						56					
7	0						57					
8	0						58					
9	0						59					
10	0						60					
11	0						61					
12	0						62					
13	0						63					
14	0						64					
15	0						65					
16	0						66					
17	0						67					
18	0						68					
19	0						69					
20	0						70					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	22	→	→	→	→	→	TOTAL DEP.	→	→	→		
TOTAL CLAIMS	23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]